

County of San Bernardino

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FOR COUNTY USE ONLY Е New Vendor Code Dept. Contract Number М Change SC Χ Cancel 99-County Department Dept. Orgn. Contractor's License No. COUNTY MEDICAL CENTER County Department Contract Representative Amount of Contract Ph. Ext. \$108,500 CHARLES R. JERVIS, DIRECTOR 8185 387 Fund Obj/Rev Source GRC/PROJ/JOB Number Dept. Organization Activity Appr. 200 EAD MCR MCR 2445

CONTRACT TRANSMITTAL			
- TANOMITIAL	Commodity Code	FY	Estimated Payment Total by Fiscal Year Amount I/D FY Amount I/D
	Project Name		
-		FY FY	
-		<u>FY</u>	<u> </u>
CONTRACTOR International Netv	work Services		
Birth Date	Federal ID No.	or Social S	Security No.
Contractor's Representative Bernade	ette Geuy, Account Mar	nager	
Address _ 575 Anton Blvd., Suite 83	O Costa Mesa, CA 92	626	Phone (909) 885-7051
Nature of Contract: (Briefly describ	pe the general terms of	the contra	act)
major tasks and dependencies net and alternative plans for meeting to network and application dependence. In addition to the project plan development is usually that impact plans for the of Manager to track progress-against-a revised project plan will be prerequirement is estimated to be for a option of the Medical Center when the Medical Center will have the	eded to meet the oper he scheduled date. The cies) and facilities, as working and facilities, as working of ARMC. We plan, develop contingented to the ARMC and duration of 14 weeks mutually agreed to by I opportunity to continuous and the co	ning date. The project vas as for the anager will be ekly statuncy plans, Administration, through the or discourse or disc	oping an overall project plan that identifies the The plan will include the critical path, risks, plan will incorporate tasks from IT (including OSHPD and the master construction plan. I develop a process for tracking problems and us meetings will be facilitated by the Project, and review open issues. Status reports and ative Staff weekly. The project management June 4, 1999. Extension of this term is at the all management. Continue service as required. Extension for ur via authorization by the Medical Center.
(Attach this transmittal to all contra	cts not prepared on the	"Standard	d Contract" form.)

Approved as to Legal Form	Reviewed as to Affirmative Action	Reviewed for Processing
>	D	D
County Counsel		Agency Administrator/CAO
Date	Date	Date